

## STANDARD CERTIFICATE OF DEATH

42694

State File No. 11106

FILED JAN 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2209</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2209 Hebert St.,</u>				d. STREET ADDRESS (If rural, give location) <u>3225 N. Florissant Ave.,</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>KATHERINE</u>		b. (Middle) <u>(KATIE)</u>		c. (Last) <u>PINSON.</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>25,</u>		(Year) <u>1950.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 26, 1878</u>		9. AGE (In years last birthday) <u>72</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Blackwell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Earnest Aly</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Glittie</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Pinson Dec.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>489-28-6495</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rolla E. Pinson, 7326 Grand Dr.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular renal disease</u> <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>N.A.P.</u>		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>May 12</u> , 19 <u>49</u> , to <u>Dec 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 23</u> , 19 <u>50</u> , and that death occurred at <u>10.00 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph W. Clark</u>				23b. ADDRESS <u>2435 N. Grand Blvd</u>		23c. DATE SIGNED <u>12-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem.,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 27 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark, 1125 Hodiamont Ave.,</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Flotte,  
2435 N. Grand Blvd.  
Office 4877. 301111.  
R.O. 1001.  
5428 Oleum Avenue.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*Alfred J. Boedeker*

Licensed Embalmer No. 2633

P. O. Address 1125 Hodiament Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.